

**REMARKS**

Reconsideration is requested.

Claims 7 and 11-14 are pending.

The Section 103 rejection of claims 7 and 11-14 over Ikhlef (U.S. Patent Application Publication No. 2003/0064374) in view of Dalton (WO 95/11887) is traversed. Reconsideration and withdrawal of the rejection are requested in view of the following remarks.

The claims define a method of treating cognitive deficits in a patient in need thereof, the method comprising administering to the patient an effective amount of etazolate.

Ikhlef et al relates to the treatment of neurodegenerative disorders using different types of compounds. Etazolate is cited. As correctly pointed out by the Examiner, "Ikhlef does not teach treating cognitive deficits". See page 4 of the Office Action of October 16, 2008.

Dalton relates to various compounds which improve cognition and memory. Etazolate is not cited in Dalton. Etazolate is not encompassed by the general structure of the class of compounds listed in Dalton. Because the compounds of Dalton improve cognition and memory, they are proposed for treating Alzheimer's disease ("AD") or Wernicke-Korsakoff syndrome.

The Examiner is understood to believe that Dalton teaches that by treating Alzheimer's disease one is also treating the cognitive deficiencies of the disease.

The applicants submit, with due respect, that treating AD does not also necessarily indicate a treatment of cognitive deficiencies. Once a compound is known to improve cognition, it can reasonably be proposed for treating AD (or other diseases). However, compounds proposed for treating AD would not be considered by the ordinarily skilled person as having any effect on cognition. There is no direct link between neuro-degeneration and cognitive deficits, and neuro-degenerative diseases are not necessarily associated to cognitive disorders. Indeed, in contrast to motility and coordination, which are signs of the pathology, cognitive disorders are, when they appear, a consequence of neuro-degeneration and there is no demonstration of any quantitative correlation between neurogenesis and cognitive function (Kempermann et al., Curr. Opin. Neurobiol. 2004, 186-189). Accordingly, it cannot be affirmed that treating a neurodegenerative disorder implies or is similar to treating a cognitive deficit. These are two independent events having distinct mechanisms and cycles.

Accordingly, treating AD does not mean or suggest treating cognitive deficiencies. Furthermore, Dalton does not teach Etazolate. Having the above scientific background, the skilled artisan, reading Dalton, would not be taught that Etazolate (a compound which is distinct from those referred to in Dalton) could be used to treat cognitive disorders. This can only be done with insight, i.e., with knowledge of the present invention.

Example 5 of the application shows, in an in vivo model (Aquatic labyrinth test) that etazolate improves the mnestic and cognitive properties in aged rats. These

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unexpected properties have also been confirmed by applicant in several series of experiments, previously submitted, which show that:

etazolate improves attention, learning capabilities and cognitive behavior (Barnes test); and

etazolate reversed the deficit memory induced by scopolamine in rats.

The activity of the claimed compound towards cognitive deficits was not disclosed in the cited art nor suggested by the combination of cited art.

Withdrawal of the Section 103 rejection is requested.

The claims are submitted to be in condition for allowance and a Notice to that effect is requested. The Examiner is requested to contact the undersigned, preferably by telephone, in the event anything further is required in this regard.

Respectfully submitted,

**NIXON & VANDERHYE P.C.**

By:                     /B. J. Sadoff/                      
                    B. J. Sadoff  
                    Reg. No. 36,663

BJS:  
901 North Glebe Road, 11th Floor  
Arlington, VA 22203-1808  
Telephone: (703) 816-4000  
Facsimile: (703) 816-4100